

| CLAIMS ONLY | | | | | | | Application Number 10/671,460 | | Filing Date | | |
|-----------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|--|
| | | | | | | | Applicant(s) | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | |
| 1 | 1 | | | | | | | | | | |
| 2 | | 1 | | | | | | | | | |
| 3 | | 2 | | | | | | | | | |
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| 5 | | 1 | | | | | | | | | |
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| 8 | 1 | | | | | | | | | | |
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| 11 | | 2 | | | | | | | | | |
| 12 | | 1 | | | | | | | | | |
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| Total Indep | 16 | | | | | | | | | | |
| Total Depend | 2 | | | | | | | | | | |
| Total Claims | 18 | | | | | | | | | | |
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10/671,460

Filing Date .

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 16 | | | | | |
| Total Depend | 2 | | | | | |
| Total Claims | 18 | | | | | |

| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
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